





State of Washington

Application for a Water Right
Please follow the attached instructions to avoid unfiecessary delays.

For Ecology Use Fee Paid 50-00 Date 12 11 0

Section 1. APPLICANT - PERSON, ORGA					
Jame JACK & SHEENA BURNS	Но	me Tel:(30	60) 725	1 5902	-
Tailing Address 18219 MARRIOTT LW.  State WA. Zip+49822	Wo	ork Tel:(36	0)224	1083	
ity Bellingham State WA. Zip+49822	9+	_FAX:(	_)	_ <	
Section 2. CONTACT - PERSON TO CALI Same as above		THERA	PPLICA	TION	
ame	Но	me Tel:(		-	
Tailing Address	Wo	ork Tel:(	_)	-	
StateZip+4	+	_FAX:(			
elationship to applicant					
Section 3. STATEMENT OF INTENT					
ESCRIPTION OF THE PLACE OF USE. (See instruct afficient.		E: A tax pare	cel number	or a plat nur	mber is no
stimate a maximum annual quantity to be used in acre-feet p	, , , , , , , , , , , , , , , , , , , ,				
		the period	of time tha	t the water w	rill be need
	ject. Indicate	the period	of time tha	t the water w	rill be need
Check if the water use is proposed for a short-term program/ to/	ject. Indicate	the period	of time tha	t the water w	rill be need
Check if the water use is proposed for a short-term program/ to/	ject. Indicate			t the water w	rill be need
From/ to/  Section 4. WATER SOURCE  If SURFACE WATER  Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:  LK. SAMISH	ject. Indicate	DWATER		t the water w	rill be need
Check if the water use is proposed for a short-term program/ to/  From/ to/  Section 4. WATER SOURCE  If SURFACE WATER  Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	ject. Indicate	DWATER			rill be need
Check if the water use is proposed for a short-term professor of the short of the s	If GROUN A permit is	DWATER			rill be need
From	If GROUN A permit is	DWATER desired for		_ well(s).	
Check if the water use is proposed for a short-term program	If GROUN A permit is	DWATER desired for	on or without	well(s).	e nearest
Check if the water use is proposed for a short-term program	If GROUN A permit is Size & dept	DWATER desired for	on or without the location of	_ well(s).  drawal to the below:	e nearest
Check if the water use is proposed for a short-term professor to	If GROUN A permit is Size & dept	DWATER desired for	on or without the location of	drawal to the	e nearest
Check if the water use is proposed for a short-term professor of the short of the s	If GROUN A permit is Size & dept	DWATER desired for	on or without the location of	_ well(s).  drawal to the below:	e nearest
Check if the water use is proposed for a short-term property of the short of the sh	If GROUN A permit is  Size & dept	DWATER desired for the of well(s) of diversion of diversion of the of well(s)	on or without the location of	drawal to the	e nearest
Check if the water use is proposed for a short-term property of the short of the sh	If GROUN A permit is Size & dept	DWATER desired for the of well(s) of diversion of diversi	on or without the location of	drawal to the	e nearest

Appl. No.: 5 1 - 28474

Sec	tion 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named:
В.	Briefly describe your proposed water system. (See instructions.)  Pump Submerssod IN Lake Piped To Propers  To Pressure Tonk No storage.  1.5-30 HP Pump
C.	Do you already have any water rights or claims associated with this property or system?  PROVIDE DOCUMENTATION.
THU I CHARLES	tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION mpleted for all domestic/public supply uses.)
A.	Number of "connections" requested:/ Type of connection/ (Homes, Apartment, Recreational, etc.
B.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by you County Health Department.
Com	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?   If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.
11411111111111111111111111111111111111	tion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION mplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: 1/2
B.	List total number of acres for other specified agricultural uses:
	Use         Acres           Use         Acres           Use         Acres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 6000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no:</li></ol>
E.	Farm uses:  Stockwater - Total # of animals Animal type (If dairy cattle, see below)

Will	you be using a dam, dike, or other structure to retain or store water?	□ YES NO
ome	E: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 1 portion of the storage will be above grade, you must also apply for a reservoir permit. cation from the Department of Ecology.	0 feet or more at the deepest point, and You can get a reservoir permit
Sec	ction 9. DRIVING DIRECTIONS	
Provi	ide detailed driving instructions to the project site.	
	T-5 Northbound To W. lake Some	il Exit South
,	I-5 Nonthbound To W. lake Some To Lake Somish stay Right a stay Right To 1293 Roy RD.	Lake across br
Z	stay Risht 70 1295 ROP RD.	
Sec	ction 10. REQUIRED MAP	
Α.	Attach a map of the project. (See instructions.)	
Ç.	ction 11. PROPERTY OWNERSHIP	
Se	CHORITA TROTISECT O MINISTER	
A.	Does the applicant own the land on which the water will be used?  If no, explain the applicant's interest in the place of use and provide the nam	YES NO NO e(s) and address(es) of the owner(s):
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	□ YES A NO
cer	tify that the information above is true and accurate to the best of my know	ledge. I understand that in order
to pr	rocess my application, I grant staff from the Department of Ecology access itoring purposes. Even though I may have been assisted in the preparation	to the site for inspection and
	loyees of the Department of Ecology, all responsibility for the accuracy of t	
Appl	Cicant (or authorized representative)  Date	5-06
rppi		
	Same	

Section 8. WATER STORAGE

Date

Landowner for place of use (if same as applicant, write "same")

	reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
	above and return your a late).	application by
Please provide the additional information requested (a		application by

Ecology is an Equal Opportunity employer. To receive this document in alternative format, contact the Water

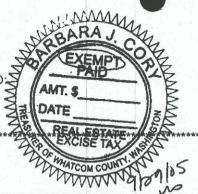
APPLICATION

Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

AFTER RECORDING RETURN DOCUMENT TO:
JACK BURNS
18219 MARRIOTT LANE
BELLINGHAM, WA 98227



GRANTOR: HELMUT AND MARGIE J. SONNENSCHEIN, HUSBAND AND WIFE

**GRANTEE: JACK BURNS, HIS SUCCESSORS AND ASSIGNS** 

ASSESSOR'S TAX/PARCEL NUMBER: 370328 521245



Request of: BURNS, JACK

2050905825

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EASE \$34.00 Whatcom County, WA

## DEED OF EASEMENT

THE GRANTORS, HELMUT AND MARGIE J. SONNENSCHEIN, HUSBAND AND WIFE, FOR AND IN CONSIDERATION OF \$1.00 AND OTHER VALUABLE CONSIDERATIONS, IN HAND PAID, CONVEYS TO JACK BURNS, HIS SUCCESSORS AND ASSIGNS, A NON-EXCLUSIVE EASEMENT FOR A WATERLINE AND ACCESS ON, ACROSS, AND UNDER THE REAL ESTATE DESCRIBED AS FOLLOWS:

A WATER LINE EASEMENT OVER THE EAST 2 FEET OF THE FOLLOWING DESCRIBED PARCEL:

TRACT IN GOVERNMENT LOT 3, SECTION 28, TOWNSHIP 37 NORTH, RANGE 3 EAST OF W.M., LYING NORTH OF COUNTY ROAD NO. 608 OT SUMMERLAND DRIVE, DESCRIBED AS FOLLOWS:

BEGINNING AT IRON PIPE ON NORTH LINE OF SAID ROAD, 45 FEET SOUTH AND 371.4 FEET WEST OF THE MEANDER CORNER ON THE SOUTH SHORE OF LAKE SAMISH, COMMON TO SECTIONS 27 AND 28, SAID TOWNSHIP AND RANGE; THENCE NORTH 88°28' WEST ALONG THE NORTH LINE OF SAID ROAD, 70 FEET; THENCE NORTH 1°32' FEET EAST TO SHORE OF LAKE SAMISH; THENCE EASTERLY ALONG THE SHORE OF LAKE SAMISH TO A POINT NORTH 1°32' EAST OF THE POINT OF BEGINNING; THENCE SOUTH 1°32' WEST, 73 FEET, MORE OR LESS, TO THE POINT OF BEGINNING; TOGETHER WITH SECOND CLASS SHORELANDS ABUTTING THEREON.

SITUATE IN COUNTY OF WHATCOM, STATE OF WASHINGTON

THIS GRANT IS MADE, SUBJECT TO THE FOLLOWING SPECIAL CONDITIONS"

- A. THIS EASEMENT IS GRANTED FOR BOTH CONSTRUCTION AND SUBSEQUENT MAINTENANCE AND OPERATION OF THE AFOREMENTIONED WATERLINE FACILITY AND ACCESS. ALL SUCH WORK SHALL BE AT THE SOLE EXPENSE OF THE GRANTEE HEREIN.
- B. SAID WATER LINE SHALL BE PLACED IN A HAND-DUG TRENCH.
- C. ANY WORK ON WATER SYSTEM SHALL ONLY BE DONE BY AN APPROPRIATE LICENSED AND BONDED CONTRACTOR.

D. THE GRANTEE SHALL BE SOLELY RESPONSIBLE, AND SHALL REPAIR AT HIS EXPENSE, ANY DAMAGE THE GRANTEE MAY CAUSE TO OTHER UTILTIES THAT MAY EXIST WITHIN OR IN THE VICINITY OF THE EASEMENT GRANTED HEREIN.

DATED THIS 28 DAY OF September, 2005.

HELMUT SONNENSCHEIN

MARGIE J. SONNENSCHEIN